

Documentation of Unit Transfer

(For use when transferring households when at least one unit in at least one building is a tax credit unit)

Name of Tenant: _____

Date of Unit Transfer: _____

Transferring From BIN: MN- _____

Transferring To BIN: MN- _____

Transferring From Unit #: _____

Rent Amount: \$ _____

Transferring To Unit #: _____

New Rent Amount: \$ _____

Last (Re)Certification Date: _____

Annual Income: \$ _____

BIN and Unit # of original unit this household occupied, if different: MN- _____ # _____

Compliance status of transferring household at time of transfer (check one):

- ☐ Not a Section 42 household (market rate)
- ☐ First Section 42 household to qualify unit after Placed in Service (month from ____ to ____)
- ☐ Section 42 household (qualified tax credit unit)
- ☐ Section 42 household (qualified tax credit unit subject to the Available Unit Rule) with recertified income over 140% If transferring to a different building, the newly occupied unit will be considered non-qualifying, or a market rate unit.

Compliance status of vacant unit to which household is transferring (check one):

- ☐ Not a Section 42 unit (market rate)
- ☐ Qualified vacant unit (Section 42 household was previous occupant)
- ☐ Designated Section 42 unit never occupied by qualified household (month from ____ to ____)

Remember: units "swap" status when the household lease is transferred. Since a household can qualify only one unit for Section 42 status, it is important to note carefully any transfers between units where at least one of the units has never been occupied by a qualified household. If a household with recertified income that exceed 140% of the applicable income limit transfers to a new unit in a different building, the newly occupied unit is considered a market unit.

Place a copy of this form in each respective unit file and update the HTC 13 Tax Credit Summary Report.

Do not use this form when a partial household moves to a new unit. Members of the previous household who move are considered new move-ins and must meet all current HTC guidelines, including full Initial Certifications.

Notes:

Manager signature: _____

Date: _____

Print your name: _____

Tel. #: _____

Title: _____